

# TRS-Care Plan Design Summary

Effective 9/1/2016 – 8/31/2017

Beginning January 1, 2017, participants enrolled in Medicare benefits under Part A or Part B and enrolled in either TRS-Care 2 or TRS-Care 3 level of coverage, will not be eligible to remain enrolled in or eligible to enroll in the standard prescription drug plan. TRS will communicate detailed information to plan participants affected by this change as the date approaches to ensure a smooth transition to the Medicare prescription drug plans. For more information about Medicare prescription drug plans for TRS-Care visit

<http://www.express-scripts.com/medd/trscare>.

<b>TRS-Care 1</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$2,350 Individual \$4,700 Family	\$3,900 Individual \$7,800 Family	\$5,250 Individual \$10,500 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$6,250 Individual \$12,500 Family	\$7,800 Individual \$15,600 Family	\$8,250 Individual \$16,500 Family
<b>Prescription Expenses</b>	Same as Medical	Same as Medical	Same as Medical

<b>TRS-Care 2</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$1,300 Individual \$2,600 Family	\$1,300 Individual \$2,600 Family	\$1,300 Individual \$2,600 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$5,800 Individual \$11,600 Family	\$5,800 Individual \$11,600 Family	\$5,800 Individual \$11,600 Family
<b>Office Visit Copay</b>	N/A	N/A	\$35
<b>Prescription Expenses</b>	Medicare Prescription Drug Plan	Medicare Prescription Drug Plan	Generic/Preferred/Non-Preferred
<b>Retail</b>			\$13/\$40/\$65
<b>Maintenance</b>			\$23/\$50/\$75
<b>Mail</b>			\$25/\$100/\$165

<b>TRS-Care 3</b>	<b>Retiree or Surviving Spouses enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses <u>NOT</u> enrolled in Medicare Part A and eligible for Part B</b>	<b>Retiree or Surviving Spouses with no Medicare</b>
<b>Deductible</b>	\$400 Individual \$800 Family	\$400 Individual \$800 Family	\$400 Individual \$800 Family
<b>Network Coinsurance</b>	80% / 20%	80% / 20%	80% / 20%
<b>Out of Network Coinsurance – Medical and Part B expenses</b>	80% / 20%	80% / 20%	60% / 40%
<b>Out of Network Coinsurance – Hospital and Part A expenses</b>	80% / 20%	60% / 40%	60% / 40%
<b>Maximum Out of Pocket: includes deductibles and coinsurance</b>	\$4,900 Individual \$9,800 Family	\$4,900 Individual \$9,800 Family	\$4,900 Individual \$9,800 Family
<b>Office Visit Copay</b>	N/A	N/A	\$25
<b>Prescription Expenses</b>	Medicare Prescription Drug Plan	Medicare Prescription Drug Plan	Generic/Preferred/Non-Preferred
<b>Retail</b>			\$13/\$30/\$50
<b>Maintenance</b>			\$23/\$40/\$60
<b>Mail</b>			\$25/\$65/\$105